

**Take this information to your insurance company.**

**The certificate of insurance and supplier agreement must show the supplier name as registered with the Federal Tax ID number.**

The insurance carrier(s) must be "A" rated according to A.M. Best or another insurance rating industry authority.  
Certificate Holder and Additional Insured must read:

**Wal-Mart Stores, Inc. It's Subsidiaries & It's Affiliates  
Attn: Insurance Compliance  
702 SW 8<sup>th</sup> Street  
Bentonville, AR 72716-0145**

- 1. Commercial General Liability including Contractual on an Occurrence-based policy.  
(If on a claims-made basis, other requirements must be met before it is accepted.)**

**Must include:**

- \$5,000,000 Products & Completed Operations**
- \$5,000,000 Personal & Advertising Injury**
- \$5,000,000 Each Occurrence**

**Minimum Limits: \$2,000,000 \*Each Occurrence (Must be equivalent to U.S. Dollars)**

**\*Up to \$10,000,000 if determined by Wal-Mart as high-risk supplier or high-risk product.**

**\*Supplier's insurance shall be considered primary, non-contributory, and not excess coverage.**

**\*\*\*Note that an Excess Liability/Umbrella is acceptable to broaden existing primary limits to increase them sufficiently to meet requirements.**

- 2. The Certificate Holder must be listed as Additional Insured as evidenced with an attached endorsement if appropriate.**
- 3. Worker's Compensation is required if supplier will be entering Wal-Mart Stores or Sam's Clubs premises to deliver their products:**
  - Workers Compensation            Statutory**
  - Employers' Liability                \$1,000,000 Per Occurrence****(Waiver of subrogation where permitted by law.)**
- 4. The Insurance Company must give us 30 days notice in case of cancellation.**
- 5. A supplier number for new suppliers will be assigned upon approval of the agreement.**
- 6. Annual renewals of the certificate of insurance must be submitted by fax prior to expiration of insurance dates.**
- 7. If the certificate of insurance does not comply with the requirements, a delay will occur in processing until compliance is met.**

**Fax a clear copy of the certificate of insurance for the Online Agreement with a cover sheet.**

**Please direct any questions regarding your insurance to Insurance Compliance.**

**Fax 479-273-4195    Questions? 479-277-1658 479-277-2890 479-277-0025**